PTO/SB/06 (08-03)
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| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875            |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  |                    |                 | Application or Docket Number |                            |                   |  |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|---------------------------------------------|------------------|--------------------|-----------------|------------------------------|----------------------------|-------------------|--|
| <u> </u>                                                                            |                                                                                                                                                                                                                                                                                                                |                                           | Substin           | title for Form P1                           | O-875            | <u> </u>           | <del></del>     |                              | 0055                       | 792               |  |
| CLAIMS AS FILED – PART I (Column 1) (Co                                             |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             | olumn 2)         | . SMALL ENTITY     |                 | OR                           | OTHER THAN<br>SMALL ENTITY |                   |  |
|                                                                                     | FOR                                                                                                                                                                                                                                                                                                            | - NUMB                                    | NUMBER FILED NUME |                                             | ER EXTRA         | RATE               | ree             |                              | RATE                       | 500               |  |
| BASIC FEE<br>(37 CFR 1.16(a))                                                       |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             | C.2.             | \$                 |                 | KATE                         | FEE                        |                   |  |
| TOTAL CLAIMS (37 CFR 1.16(c))  minus 20 = 1                                         |                                                                                                                                                                                                                                                                                                                |                                           |                   | ·                                           |                  |                    | OR              |                              | S                          |                   |  |
| IND                                                                                 | EPENDENT CLAI                                                                                                                                                                                                                                                                                                  | MS                                        | minus 20 = •      |                                             |                  | =                  |                 | OR                           | X S =                      |                   |  |
| (37)                                                                                | CFR 1.16(b))                                                                                                                                                                                                                                                                                                   |                                           | minus 3 = *       |                                             |                  | x s =              |                 | _ OR                         | X S =                      |                   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                   |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | + \$=              |                 | OR                           | + \$=                      |                   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.           |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | JATOL              |                 | OR                           | TOTAL                      |                   |  |
|                                                                                     | С                                                                                                                                                                                                                                                                                                              | LAIMS AS AM                               | ENDED             | – PART II                                   | ٠                |                    |                 |                              |                            |                   |  |
| * · ·                                                                               |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | 413                |                 | 0.51                         | OTHE                       | R THAN            |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                | (Column 1) CLATMS                         | <del></del>       | (Column 2)                                  | (Column 3)       | SMALL I            | ENTITY          | OR.                          |                            | ENTITY            |  |
| T A                                                                                 | •                                                                                                                                                                                                                                                                                                              | REMAILING                                 |                   | HIGHEST<br>NUMBER                           | PRESENT          | - RATE             | ADD1-           |                              | RATE                       | ADDI-             |  |
| EN                                                                                  |                                                                                                                                                                                                                                                                                                                | AFTER<br>AMENDMENT                        |                   | PREVIOUSLY<br>PAID FOR                      | EXTRA            |                    | TIONAL          |                              |                            | TIONAL<br>FEE     |  |
| MC                                                                                  | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                      | 15                                        | Minus             | "20                                         | =                | x s =              |                 |                              |                            | ree               |  |
| AMENDMENT                                                                           | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                | D                                         | Minus             | 3                                           | = /              | x s =              |                 | OR                           | X S=                       | CV ()()           |  |
| AM                                                                                  | FIRST PRESEN                                                                                                                                                                                                                                                                                                   | TATION OF MULTIPL                         | E DEPEND          | ENT CLAIM (37.00                            | D 1 16(4))       |                    |                 | OR                           | X \$=                      | 00.00             |  |
|                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | TOTAL              |                 | OR                           | + \$=                      |                   |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | ADD'L FEE          |                 | OR.                          | TOTAL<br>ADD'L FEE         |                   |  |
| <u> </u>                                                                            |                                                                                                                                                                                                                                                                                                                | (Column 1)                                |                   | (Column 2)                                  | (Column 3)       |                    |                 |                              |                            |                   |  |
| ENT B                                                                               |                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL |                              | RATE                       | ADDI-<br>TIONAL   |  |
| . A                                                                                 | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                      | •                                         | Minus             | **                                          | =                |                    | FEE             |                              |                            | FEE               |  |
| AMENDMENT                                                                           | Independent                                                                                                                                                                                                                                                                                                    |                                           | Minus             | •••                                         |                  | X \$=              |                 | OR                           | X \$=                      |                   |  |
|                                                                                     | (37 CFR 1.16(b))                                                                                                                                                                                                                                                                                               |                                           |                   | <u> </u>                                    |                  | X \$=              |                 | OR                           | x s=                       |                   |  |
| 4                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | + \$=              | -               | OR                           | + s =                      |                   |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | TOTAL<br>ADD'L FEE |                 | OR.                          | TOTAL<br>ADD'L FEE         |                   |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                | (Column 1)                                |                   | (Column 2)                                  | (Calumn 3)       |                    |                 |                              | 1.00 2 1 22                | <u> </u>          |  |
| Ü                                                                                   |                                                                                                                                                                                                                                                                                                                | CLAIMS                                    |                   | HIGHEST                                     |                  |                    |                 |                              |                            |                   |  |
| ·                                                                                   |                                                                                                                                                                                                                                                                                                                | REMAINING<br>AFTER                        |                   | NUMBER<br>PREVIOUSLY                        | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL |                              | RATE                       | ADDI-<br>, TIONAL |  |
| MEN                                                                                 | Total                                                                                                                                                                                                                                                                                                          | AMENDMENT                                 | Minus             | PAID FOR                                    | =                |                    | FEE             | •                            |                            | FEE               |  |
| AMENDM                                                                              | (37 CFR 1.16(c))<br>Independent                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | x \$=              |                 | OR                           | X \$=                      |                   |  |
|                                                                                     | (37 CFR 1.16(b))                                                                                                                                                                                                                                                                                               | -                                         | Minus             |                                             | =                | x \$=              |                 | OR                           | × \$=                      |                   |  |
| ٨                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | +,\$=              |                 | OR                           | + \$ =                     |                   |  |
| · · · · · · · · · · · · · · · · · · ·                                               |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  | TOTAL<br>ADD'L FEE |                 | OR                           | TOTAL<br>ADD'L FEE         |                   |  |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 2 |                                                                                                                                                                                                                                                                                                                |                                           |                   |                                             |                  |                    |                 |                              |                            | L                 |  |
| •••                                                                                 | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                   |                                             |                  |                    |                 |                              |                            |                   |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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